



Glebe Neighbourhood Activities Group

175 Third Ave

Ottawa, ON K1S 2K2

613-233-8713 Fax:613-564-7612 info@gnag.ca

Request for Financial Assistance

RECREATIONAL PROGRAMMING

GNAG Fee Support:

As a not-for-profit organization, GNAG is committed to ensuring that its programs and services are available to all in our community. While we strive to make our programs affordable, sometimes families and individuals may need financial assistance to help cover program costs.

Where does the GNAG subsidy fund come from?

The Subsidy Fund is drawn directly from GNAG's Community Development Fund. The fund is raised through fundraising. Please note, we receive no funding from Municipal, Provincial or Federal Governments for our subsidy program.

Guidelines: PLEASE READ CAREFULLY

1. Financial assistance will be considered based on the client's need. Applicants may be asked to provide copies of formal documentation (ex. Receipt of Ontario Works, Receipt of Ontario Disability Pension, Receipt of Childcare Benefits, a current T4 Slip/ Income Tax Return.)
2. Subsidies can NOT be applied retroactively after registration.
3. Subsidies can NOT be transferred between family members.
4. The maximum amount per person is \$250 per year.
5. The term runs from July 1 - June 30.
6. Clients pay a minimum of 25% of the cost of each program.
7. Please fill out the "Request For Financial Assistance" form and return it along with your documentation, in a sealed envelope to the GNAG office. A member of GNAG will be in contact with you regarding your request. Please allow for at least 3 business days for processing.
8. If you wish to discuss this in person, **please make an appointment.**
9. If you need to pay in person (cash or debit) **please make an appointment.**
10. Ensure all subsidy applicants have profiles on our website.
11. Submitted documentation should reflect **family / household income.**

Please KEEP this page for your information.

Glebe Neighbourhood Activities Group - Request for Financial Assistance

Please Print

Date of Application: _____

Adult Applicants (parents or guardians)			
1. Last Name:	First Name:	phone h):	phone c):
2. Last Name:	First Name:	phone h):	phone c):
Family Address and postal code:	Adult 1 Email:		
	Adult 2 Email:		
Child participants			
1. Last Name:	First Name:	DOB	Age
2. Last Name:	First Name:	DOB	Age
3. Last Name:	First Name:	DOB	Age
4. Last Name:	First Name:	DOB	Age

Each subsidy runs from July 1 - June 30 (365 days). Do you intend to use your subsidy for the full year? Y or N

Program Registration: include your wish list. All requests subject to availability.			Client pays: (Office use)	Subsidy used: (Office use)	Subsidy remaining: (Office use)
Course & participant:	Date:	Course fee:			
Course & participant:					
Course & participant:					
Course & participant:					
Course & participant:					
Subsidy information (office use only):			Total:	Total:	Total:

I hereby declare that the information provided is, to the best of my knowledge, accurate, and that GNAG reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for future eligibility in the GNAG Financial Assistance program.

Signature of applicant, guardian

or parent of child: _____ Date: _____

Participants are expected to pay a minimum of 25% of the cost of the program or activity. This contribution must be made prior to the start of the program. Please note that simply completing the form does not guarantee acceptance for fee assistance nor program registration. Please allow a minimum of three (3) working days for the approval process.

Documents provided: please circle and attach a copy of applicable documents. GNAG will not be able to review your application without documentation.

- 1. Ontario Works
- 2. Ontario Disability Support Pension
- 3. evidence of being in receipt of Assistance for Children with Severe Disabilities (ACSD)
- 4. Child Care Subsidy
- 5. Guaranteed Income Supplement (GIS)
- 6. Low income Cut-off
 - a. T451E Notice of Assessment or,
 - b. Child Tax Benefit or,
 - c. Three consecutive Pay Stubs and a supporting document showing family members as dependents.

<p>OFFICE USE ONLY</p> <p>GNAG has adopted a progressive protocol and line of enquiry for approval of an application for GNAG's financial assistance program. Please check (X) to identify specific eligibility requirement met.</p> <p>7. Special circumstances (please provide below):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

GNAG Financial Assistance approved: Yes No

GNAG Supervisor / Manager signature _____

Title _____ Date: _____

Case review date: _____